St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

JOURNAL.

VOL. XLII.—No. 9.] JUNE 1ST, 1935. PRICE NINEPENCE.

CALENDAR.

Sat., June 1.—Cricket Match *v.* St. George's. Away.
Mon., „ 3.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „ 4.—Dr. Gow and Mr. Girling Ball on duty.
Wed., „ 5.—Surgery: Clinical Lecture by Mr. Wilson.
Cricket Match *v.* Horlicks. Away.
Tennis: 2nd Round Cup Ties.
Fri., „ 7.—Dr. Graham and Mr. Roberts on duty.
Medicine: Clinical Lecture by Lord Horder.
Sat., „ 8.—Cricket: Past *v.* Present. Home.
Tennis: Past *v.* Present. Home.
Mon., „ 10.—**Bank Holiday.**
Tues., „ 11.—Prof. Witts and Prof. Gask on duty.
Wed., „ 12.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
Tennis Match *v.* Staff College. Away.
Fri., „ 14.—Lord Horder and Sir Charles Gordon-Watson on duty.
Medicine: Clinical Lecture by Dr. Hinds Howell.
Abernethian Society: Summer Sessional Address by Mr. Max Page. 8.30 p.m.
Sat., „ 15.—Cricket Match *v.* Hampstead. Home.
Tennis Match *v.* R.N.C. Greenwich. Away.
Mon., „ 17.—Special Subjects: Lecture by Mr. Elmslie.
Tues., „ 18.—Dr. Hinds Howell and Mr. Wilson on duty.
Wed., „ 19.—Cricket Match *v. Times* C.C. Away.
Last day for receiving matter for the July issue of the Journal.
Fri., „ 21.—Dr. Gow and Mr. Girling Ball on duty.
Medicine: Clinical Lecture by Dr. Graham.
Sat., „ 22.—Cricket Match *v.* M.C.C. Home.
Tennis Match *v.* Wentworth Club. Away.
Mon., „ 24.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „ 25.—Dr. Graham and Mr. Roberts on duty.
Wed., „ 26.—Surgery: Clinical Lecture by Mr. Girling Ball.
Cricket Match *v.* Guy's. Home.
Fri., „ 28.—Prof. Witts and Prof. Gask on duty.
Sat., „ 29.—Cricket Match *v.* Old Paulines. Away.
Tennis Match *v.* Bank of England. Away.

EDITORIAL.

ALL good things go in threes, and this year of Jubilee will be thrice memorable in the history of medicine. The treatment of a patient and the maintenance of his health have a close analogy in the training of his doctor and the preservation of an able medical service. Ignorance may well be the disease, for in no sphere is it more dangerous to life. Three conditions are essential to achieve the ideal—a perfect equipment and an environment which gives scope to his advisers and freedom for their skill; a wise and well-ordered regimen, therapy and diet to combat the disease; and, when he is pronounced healthy, constant and accessible after-treatment. For this Hospital at any rate all three requirements, it seems, soon will be fulfilled, the first by the long-hoped-for opening of the new Medical College in October, the second by the valuable Report of the Conference on the Medical Curriculum, and the third by the opening, in May, of the British Post-Graduate Medical School by His Majesty the King. It is also gratifying to know that to each St. Bartholomew's itself has given a large share.

That the highest success of the College Appeal has not yet been attained is shown by the Dean's letter, which we publish below in full. £37,000 still remain to be collected to reach the goal which seemed so far away three years ago. The receipt of £15,000 by next January will allow the completion of the Anatomy and Biology Building, that is, the housing of all the pre-clinical departments on the Charterhouse site.

The students themselves are attacking the work with renewed vigour, and many schemes have been devised to reduce the deficit.

The story of the Appeal has been one of great generosity and self-sacrificing endeavour, and this final call

is being made on the assumption that those who have so far withheld, have done so through forgetfulness and lack of enthusiasm rather than deliberate illiberality. It will be a grand thing for posterity to be in a position to say, " They all gave after their ability ".

* * *

23rd May, 1935.

Dear Mr. Editor,

The time has now arrived when old Bart.'s men should be told the position with regard to the transference of the Pre-Clinical Departments to Charterhouse Square.

The Departments of Chemistry, Physics, Physiology and Pharmacology will be opened in October, so that in these subjects we can begin the academic year in our new home. This has been made possible by additional donations to our Appeal Fund. In the first place the Chairman of the Appeal Committee, Mr. J. H. Millar, has made a gift of £20,000 to the College, and another member of our College Council has lent us £20,000, a sum which we hope to repay him within a very short period.

In January it seemed improbable that we should be able to carry out this scheme by the autumn. Indeed, had it not been for the great assistance given to us by these two friends of ours it would not have been possible. Bart.'s men, I feel sure, will like to join with me in offering them our most grateful thanks. Friends such as these are friends indeed.

Naturally the College Council was a little disappointed in not being able to complete the whole scheme, including the Anatomy and Biology Departments, but there was a lack of funds to the extent of £25,000. Luck, however, is again with us, for the Court of the University of London has come to our aid and, in addition to the £5,000 given to us when we first began to collect money, has made a grant of £10,000 to be used for the specific purpose of completing the Anatomy and Biology building. We are now, therefore, in the position of having to collect for this purpose a further sum of £15,000 between now and next January, the date at which it would be possible to make the necessary alterations.

Now, Bart.'s men, we are in the last lap. We set out to collect £200,000, and we can now see our way to £163,000. Is it too much for me to ask you to put your backs into it and give us every assistance that you can to complete this effort?

You may be unaware of the fact that the collection of this sum has depended upon the energy and efforts of a very few people. They have given their help gladly, because they have been stimulated by the knowledge that Bart.'s men have themselves raised no less a sum than £35,000.

It does not sound very much—3000 Bart.'s men to collect £12 per head. If only 200 of them would offer to collect £200 each the whole thing would be accomplished.

I would invite those of you who are coming to the Hospital to walk round to Charterhouse Square to see what is being done. I feel sure your enthusiasm would be increased many times. It could not fail to be so.

The Old Students' Dinner will be held in October in the new Great Hall. I hope to be able to make an announcement in connection with this quite shortly. It is sure to be a record gathering, for this change marks an epoch in the history of our College.

Yours sincerely,

W. GIRLING BALL,

Dean of the Medical College.

An offer by Sir Matthew Thompson to present to the Royal College of Surgeons a portrait by him of Sir D'Arcy Power was accepted with grateful thanks by the Council of the College.

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We congratulate the following on their reception of Birthday Honours: Sir George Newman (G.B.E.), Prof. A. J. Hall (Knight Bachelor), and Dr. C. G. H. Moore (C.V.O.).

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Sir Holburt Waring and Mr. R. C. Elmslie have been appointed Honorary Consulting Surgeons to the Ministry of Pensions.

* * *

Prof. G. E. Gask has been elected President of the Medical Society of London in succession to Lord Horder.

* * *

Prof. Witts has been appointed a member of the Medical Advisory Board of the Institute of Medical Psychology.

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We offer our most hearty congratulations to Mr. H. E. G. Boyle on his election as a Fellow of the Royal College of Surgeons. We understand that this is the first occasion on which an anæsthetist has been given that honour. Our local bard says that he was stimulated by the news to "boyling point", and the result is presented in another column.

* * *

We also tender our sincere congratulations to Mr. Paterson Ross on his election to the Chair of Surgery in this Hospital in place of Prof. Gask, who, as was announced in our last issue, will retire in October.

* * *

Prof. R. A. Peters, Professor of Biochemistry in the University of Oxford, has been elected to the Fellowship of the Royal Society.

* * *

Mr. G. C. Knight was re-appointed a Leverhulme Scholar by the Royal College of Surgeons for a third year.

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The Annual Dinner of the Eighth Decennial Club will take place on June 26th at 8 p.m. in the Langham Hotel. (Hon. Secretaries: Sir Holburt Waring and Dr. Morley Fletcher.)

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The Silver Jubilee issue of THE BART.'S ANNUAL (price 1/-) is of unusual interest. With a message from the Prince of Wales, it is edited by Christopher Stone and contains a large number of generous contributions from the leading writers, artists and journalists of the day.

The Hospital has been fortunate in having received two generous gifts from Mrs. Myer Sassoon and Mr. Joseph H. Jacobs in commemoration of the Silver Jubilee, for the installation of a new 200 kilovolt X-ray apparatus in connection with the new Cancer Department.

* * *

Rev. J. L. Douglas.

As we go to press we announce with great regret the death of Mr. F. A. Rose, Consulting Surgeon of the Throat Department, and of A. E. Sharpe, a fourth year student. Obituary notices will appear in the next issue.

* * *

The attention of all medical men is drawn to the Noise Abatement Exhibition which will be open throughout the month of June in the Science Museum, South Kensington. The Exhibition was opened on May 31st by the Prime Minister, and will conclude with a conference on June 26th–28th, when the Problems of Noise will be discussed under the chairmanship of Mr. Hore-Belisha, Mr. Geoffrey Shakespeare, the Rt. Hon. Ormsby Gore, the Rt. Hon. Viscount Halifax and Mr. H. G. Wells. At the final meeting Lord Horder, the Chairman of the Anti-Noise League, is to speak on "Health and Noise".

The official handbook is the first complete survey of the noise problem to be published in this country. In one of the many instructive articles, Lord Horder says: "Doctors are definitely convinced that noise wears down the human nervous system, so that both the natural resistance to disease, and the natural power of recovery from disease, are lowered. In this way noise puts health in jeopardy, and most intelligent people

can understand this from the effect of it upon themselves." He predicts that "in a few years' time the needless noise maker will be an outlaw from sober and intelligent society. . . . In a few years' time the delicate fabric of our bodies and minds will no longer be menaced and mutilated by the brutality of unnecessary noise".

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We have been asked by Dr. Chandler to remind Cambridge Graduates of the existence of a Medical Club for their benefit. We publish his letter on p. 183.

OBITUARIES.

DR. JOHN GAY.

ST. Bartholomew's has lost another of its revered sons by the death, on April 20th, of Dr. John Gay, at the age of 73.

To state all that he had been in his professional career would take far too much space, for his activities were many and widespread.

He was the son of a medical man, Mr. John Gay, F.R.C.S., of Hampstead, and was educated at Charterhouse, and after entering St. Bartholomew's College, qualified in 1884, taking his M.D. of Durham in 1909. He practised for forty-six years in Putney, and naturally became well known and greatly beloved. For thirty-two years he was Medical Officer to the Royal Hospital and Home for Incurables at Putney, and his loss there will be felt very intensely. Several other medical institutions had his splendid help, notably the Putney Hospital and the Children's Rest at Roehampton.

Well known also in Masonic circles he held high rank, and was a member of the Rahere and Carthusian Lodges.

His work in connection with School Treatment Centres will never be forgotten, for in this he was a pioneer, and was the Chairman of the local centre from 1911 until his lamented death. He had also been Chairman of the Wandsworth Division of the B.M.A., and President of the South-West London Medical Society. In civic work he was an Alderman of the Wandsworth Borough Council, and had served as the Chairman of its Health Committee.

He had a long connection with the Worshipful Company of Leathersellers, culminating in 1930 by being elected as Master.

John Gay always maintained his interest in his old *Alma Mater*, and in his contemporaries there. After the death of Owen Lankester, Gay was elected as Hon. Secretary of the Seventh Decennial Club, but did not live long enough to help his co-secretary, Sir James Berry. His cheery face and delightful smile will be missed greatly at the yearly gathering of this now dwindling Club. His son, his only one, was a student at Bart.'s when the Great War broke out, and lost his life as an officer in the R.A.F., gallantly fighting against great odds, adding another to the long list of the sons of our old Hospital who gave their lives for King and Country.

In the passing of John Gay all his friends and patients have lost a great physician and a true gentleman.

W. McA. E.

DR. REGINALD A. YELD.

An older generation of Bart.'s men will hear with regret of the death recently in Canada of R. A. Yeld. He was the son of the late Mr. R. Yeld, of Hampstead, and was educated at Trinity College, Cambridge, and at St. Bartholomew's. He took his Arts degree (B.A.) in 1894, and after study at the Hospital, took his M.B., B.C. in 1896. Later he obtained the M.A. and M.D. degrees of Cambridge. He held the position of Ophthalmic House Surgeon under Mr. Jessop. After a period of practice at Hampstead his health gave way and he went out to Canada, where he lived and practised at Edgewood, B.C.

His real interest was always in eye work, and he recently published a small book on accommodation, which displayed his wide reading and painstaking observation to the fullest extent. It was very favourably received in Canadian and American medical journals.

A man of the most charming modest character, he was both kind-hearted and charitable, and he did much medical work at Edgewood for which he received only what is perhaps the highest fee—the love, affection and respect of the patients whom he attended. He was a sincere lover of the Hospital, and never failed to visit it when in England. He was very happily married to his cousin, who survives him.

H. W. B. S.

VIEW DAY.

I AM not a spiritualist, and I have no psychic powers. So far as I know, I am mentally balanced, and am not what the psychotherapists would label a neurotic. This makes the experience, which after much thought I have decided to put on record, all the more remarkable. I offer no explanation, for explanations of the miraculous are

generally as astounding as the phenomena they attempt to explain. I merely narrate the facts as they happened to me, and leave to others the task of explaining them, if they feel impelled to do so.

View Day at the Hospital was over, and the last of the house surgeons had disappeared into the Resident Quarters to return his morning coat to the drawer in which it had lain neatly folded and embalmed in naphthaline. The sun, which a few minutes ago had thrown long shadows of the Fountain and trees across the Square, had now sunk behind the western block, and feeling it chilly, I buttoned up my overcoat and dashed down the last steps from the ward in which I had been having tea with the Sister, and congratulating her on the excellence of her decorations. I had stayed longer than I had intended, and would be late for a dinner appointment unless I hurried. For this reason I was not pleased to be stopped by an elderly man on the staircase and asked the way to the new Surgical Block. There was, however, a courtesy in his voice and a distinction in his manner that in spite of my hurry made me suppress my inclination to put him off with a brief direction where he should go. Almost to my surprise I heard myself say :

" I will take you across if you like, and show you what there is to be seen."

We walked slowly across the Square. My companion was elderly, but he walked with a firm step, and our slow progress was due, not so much to any infirmity of age, as to an absence of any sign of hurry in his movements, his gestures or his speech. As we were about to enter the south block he gripped me by the arm.

" These new buildings interest me," he said, " I would like to look at them ".

" Oh, the new block lies behind. This one is very old," I answered.

" To you perhaps, but not to me."

" You will find the new building much more interesting. It is a great improvement."

" You think the new is always better than the old ? " queried my companion. He looked at me as he spoke, and I saw gentle laughter in his eyes.

With a little persuasion I induced him to continue our progress into the new Surgical Block. " We will take the lift; it will be quicker."

" What means this great urgency ?" he asked me. " Everybody seems to be hurrying."

I looked at him in surprise. How strange he was. The air of leisure that I had noted was no pose; he belonged to a world in which there was no need to hurry. Instinctively I realized that it would be useless to point out to him that progress and speed were synonymous, and that whereas it formerly took months to reach Australia, we could now reach it in weeks. Had not the late Lord Birkenhead in his book on the future of mankind foretold that soon we should have advanced so far that we would be able to circle the earth in the course of a few days ? Man was mastering time and space as he had mastered the rude forces of Nature. The lift stopped at the third floor and we got out.

" What are these rooms ? "

" This is a laboratory," I answered, throwing open a door with the pride of a landlady conducting a potential lodger over her house. " Simple examinations and bacteriology are done here."

" Bacteriology," he muttered, " this is a new word ".

I opened an incubator and took out a rack of tubes. Evidently my visitor knew little science.

"All diseases are due to germs," I explained. " They are too small to observe with the naked eye, but you can see them growing in the mass inside these tubes."

The old man peered at the cultures, deeply impressed.

" That is very interesting. In ancient Egypt all diseases were caused by evil spirits."

I smiled. It was obvious that although my companion knew little about science, he was learned in other ways. I suspected now that his specialty lay in the direction of Egyptology.

" How do the germs get into people ?" he queried.

" Oh, germs are everywhere," I answered; " there are germs on my finger, but it is only when resistance is lowered that they can take effect ".

" It was the same in Egypt," he explained; " vile spirits only entered when all was not well with a man. If he lived rightly and followed the path of wisdom he remained immune. But are all diseases due to germs ? Is there no sickness of the soul ? "

" We do not deal with such things," I answered smiling. " You must talk to the padre about that." This word evidently conveyed nothing to his mind, so I hastened to explain :

" He is the chaplain, who looks after the spiritual welfare of the patients."

My friend looked astonished.

" Can one priest do so much ? "

" Well, there are two or three I think, supplying slightly different varieties of spiritual food. But I know very little about this They run their own show and we run ours."

" I do not understand."

" Well, science has nothing to do with religion or religion with science."

" We thought differently," he said. " Our priests taught both science and religion : two approaches to the same truth. But yours must be very successful."

" Why ?" I asked.

"Because under their care you have no sickness of the spirit, no broken minds and souls who have found the road of life too hard."

I suddenly understood. "Oh, you are talking of functional cases, psycho-neurosis and neurasthenia and all those sorts of things. We have plenty of diseases of the mind, but the priests do not treat them. That is the psycho-therapist's job."

My companion's eyebrows lifted slightly and in his forehead appeared wrinkles of thought. I saw that I must explain.

"The padres look after the dying, the psycho-therapists the living. People very seldom go with their troubles to the church. They go to the psychologists, who have studied the working of the mind."

"And what do these people do?"

"They find out the cause of a man's fear. Usually he has some complex about sex; in fact it is always so."

"Who has said this?"

"The great prophet Freud. Everybody's trouble is due to sex gone wrong." I had realized by now that I was talking to one learned perhaps in Egyptology, but a child in other spheres of knowledge. Simple direct language was necessary.

Far from understanding, my friend seemed more puzzled than ever.

"How strange! In ancient Egypt sex gave very little trouble. It was the way to live that proved difficult. Guidance was necessary, and guidance can only come from those who know more. But what do you think? What is the meaning of life? What does all this signify?" He waved his arms around him. "And you and I," he added, "what are we, and why are we here."

"Oh, we don't bother our heads about that. That's philosophy, and philosophy has nothing to do with science."

"So science and religion and philosophy have no longer any connection?" he said, and his voice sounded almost melancholy. "Do you keep all your knowledge in little parcels?"

"Well, not exactly," I answered, "but one cannot expect to know everything, so functional cases are sent to the psycho-therapist and surgical cases to the surgeon. We surgeons know nothing about psychology. These cases do not interest us; in fact they are rather a nuisance."

My companion's questions and observations were becoming a trifle disconcerting in the way that the questions of a child are sometimes disturbing. I felt that he looked at everything from a different angle, and that if I were to enter his world I would find it as strange as my world evidently was strange to him. Why did he aways harp on Egypt? Had he spent his life in the British Museum, so deeply immersed in the study of a forgotten civilization, that he had ended by living in the world he studied rather than that into which he had been born? Or did he actually hail from Egypt? His complexion was dark, and his straight features recalled faces I had seen depicted in papyri, and during a visit to Egypt amongst the modern fellaheen. I felt, however, a strange unwillingness to question him. I would rather meet him in the world I knew, a world of solid facts, of accepted scientific theories—in other words in a world in which I spoke as an expert and he listened as a child. It was silly to feel disconcerted.

I took him round the Laboratory and turned on a centrifuge. I also showed him some sections through the microscope, explained how they were prepared, and demonstrated the Cambridge rocking microtome. He was deeply impressed, and my self-respect soon returned.

"You have shown me wonders," he said, when we had concluded our tour. "Your scientific men have indeed worked miracles, and their machines fill me with astonishment. Served by such slaves a man with knowledge could do much."

Somehow I felt that he had not finished, and I was right, for after a short pause he added:

"Forgive me if I appear discourteous, but the thought assails me that the slaves have grown more powerful than their master."

He now looked at me as though he expected an answer.

"The slaves? Oh, yes, I understand—the machines. You mean that the machines have developed further than the men who control them?"

"Even more than that," he replied. "The slaves may have grown so strong that in the end it is they who are in control."

"You are thinking of Samuel Butler and Erewhon," I said. "He had that idea about machines taking charge, and I suppose that with regard to the world of industry he was right. The machines have killed the workers. Every labour-saving invention has meant unemployment and starvation to thousands of working-class families. But science is different from industry."

"Another department," laughed my friend. "Everything is separate—philosophy, religion, science, industry—everything. Yet do I foresee that some day your scientific machines will also become masters. In the end you will bow down to them and say, 'The machine has spoken, there is no need to think'."

I am afraid that my expression showed that I was nettled by my companion's scepticism. It happened that I had recently returned from a visit to the Mayo

Clinic, and had been so deeply impressed by its highly organized methods of dealing with sickness and its elaborate routine examinations that I had even dreamed of being instrumental in introducing these methods into my own Hospital. My companion's remarks, therefore, sounded ironical in my ears. I shut the door of the Laboratory and we walked to the lift in silence. My self-imposed task was finished, and all that remained for me to do was to conduct this strange View-Day visitor to the Hospital gates. The door of St. Bartholomew-the-Less happened to be open as we passed, and my companion stopped and looked into the dark interior.

"The Temple is empty," he said.

"There is no service on. It is chiefly used on Sundays and for special occasions—for example, when some distinguished person dies."

He nodded. "I am beginning to understand your customs."

He looked up at the Pathology Block.

"The Bacteriological Labs.", I explained, "in which we wage an endless war against the Great Destroyer". The phrase pleased me and I looked at my companion for signs of appreciation. His eyes travelled from the roof down to the ground, and then remained fixed on a spot a few yards from the steps leading up to the building.

"If all other machines are kept under cover, why is that one left outside?" he asked. I could not refrain from smiling. How could I have been annoyed by one so naïve and childish?

"That is something quite different. It is a German field gun, a souvenir of the last war."

"It must be very old."

"Only twenty years," I answered.

"So short a time ago! Then how can you be sure that that war will be the last? Perhaps . . ."

"It won't be," I interrupted; "as a matter of fact we are busy preparing for another."

"Why?"

"Well you see, Germany is rearming, and France and England have to be prepared. The best guarantee for peace is to be well armed for war."

"I recognize that phrase. Our great generals always used it."

"Well, it really is not our fault. With all these French aeroplanes . . ."

"I thought you said Germany?"

"It was a slip; I meant Germany. It was France last year."

"And the year before?"

"Russia. Russia used to be the menace; now it is Germany."

"The same, the same," muttered my companion. "With us it was always the Ethiopian menace." He turned to me and spoke earnestly. "Some day your rulers will launch a great conflagration and call it 'A war to end war'."

I laughed. "As a matter of fact that is what they called the last war. They will have to find a different name for the next one."

"But why do your soldiers leave their gun here? If what you say is true and they are preparing to fight again, they will want it."

"Oh, they won't need that old piece of scrap iron," I hastened to explain. "They've got thousands of new ones, all oiled, greased and ready to go off the moment that those in control give the word."

"The moment the machines give the word," said my friend. But the tone in which he uttered these words was so low that I doubt whether I caught them correctly.

For a time he remained silent, as though deep in thought. Suddenly he turned to me:

"It is very good of you to have shown me all these wonders, and I am indeed grateful." He held out a delicately-shaped hand, with tapering fingers. I caught sight of some strange symbol tattooed on the wrist—two interlocked triangles. Instinctively I grasped his hand.

"Man has not changed. There are new and wonderful machines; that is all." With these parting words he turned and walked slowly away. . . .

Who was he? Why had he talked to me like some old priest-physician of Ancient Egypt? How could he know so much of the past and so little of the world in which I moved? What right had he to dismiss all the progress of the twentieth century with the words, "Man has not changed. There are new and wonderful machines; that is all"? A hundred questions rushed through my brain as I stood there watching his figure disappear. I must have an answer. I must have an answer. I ran as fast as I could to the Porter's lodge. The gates were closed.

"Open quickly," I shouted; "I want to catch the old man whom you have just let out".

"I haven't let out anybody," answered the Porter; "Perhaps, Sir, he left by the Little Britain Gate. I can assure you nobody went out here".

KENNETH WALKER.

N. G.

To fight "disordered metastatic growth",
That spreads malign Man's puny body through,
Room's requisite. Maybe! Yet some are loth
To find in Rahere's House a cancer too.

COCKY-DOODLE-DOO!

H. E. G. B.—F.R.C.S.

TIME was when folk who could not sleep
Achieved their end by counting sheep;
But Sister T. said the ovine race,
Even galoshed, would be out of place.
Of sheep in a theatre she'd never heard—
In short, most potently she demurred.
Wishing to save their patients pain,
The Surgeons sat down and thought again,
And Chemists got busy devising doses
Meet for inducing complete hypnosis,
Stuporous liquids, gases irenic,
Swifter than sheep and more hygienic.
Ultimate product of all this pother,
Gas-and-oxygen's father and mother,
Friend to all who under the knife
Must look for a new-writ lease of life
Ere they " shuffle off this mortal coil ",
Is Henry Edmund Gaskin Boyle.

Certes, therefore, 'twas no bad thing
When the Surgeons' Royal College (Eng.)
Resolved of late that this eminent stuffist,
Whose eyes still smile when his growl is gruffest,
Be hailed as Fellow, *ne ultra plus*—
And " a jolly good Fellow " say all of us! N. E. S.

A CASE OF SECONDARY ABDOMINAL GESTATION.

THIS unusual case has been put on record for two reasons: first, the rarity of this condition; and second, the fascinating problem of diagnosis which was presented to the Gynæcological Department. The history was as follows:

Mrs. E. W—, æt. 34, married for six years, no previous pregnancy, came up to the Women's Out-Patient Department on October 11th, 1934. She said that her last regular period was from June 18th to 21st, 1934, and she therefore had had 16 weeks' amenorrhœa. Normally her periods were regular, every 28 days, and lasting 5 days.

For the past month she had noticed a swelling in the lower abdomen. She also had attacks of colicky pains in the same region. These pains made her double up and she obtained occasional relief by drinking water. In addition she had attacks of faintness accompanied by violent headaches, and spots in front of the eyes.

For 3 weeks she had had anorexia and vomiting.

For 14 days she had noticed dyspnœa, palpitation and swelling of the ankles. She also had had pain in passing water, but no frequency, the amount of urine being diminished. Throughout the past 15 weeks she had had no bleeding or vaginal discharge.

CONDITION ON EXAMINATION.

A very anæmic woman who appeared to be jaundiced. It was noticeable that she was of extremely small stature.

Mucous membranes were markedly pale.

Sclerotics showed slight icteric tinge.

Tongue was moist with brown fur.

Chest was well covered.

Breasts showed activity.

Heart was natural.

Lungs were natural except for a few fine crepitations at the left base.

Abdomen.—On inspection there was a large ovoid swelling rising out of the pelvis, which on palpation was found to extend to ½ in. above umbilicus. It was smooth and tender, and gave the feeling of elasticity.

There was slight movement laterally. No contraction on manipulation. No fœtal parts or movements were felt. Percussion was dull over the swelling, but the dullness did not extend into the flanks. No shifting dullness was obtained. On auscultation the tumour was dumb. *Liver, spleen* and *kidneys* were not felt.

Per vaginam: Cervix was soft and closed. It pointed downwards and forwards. The *uterus* appeared to be continuous with and part of the swelling felt abdominally, which moved with the cervix. There was marked tenderness in both fornices, but no tumour. No blood or vesicles on examining finger.

Marked *œdema* of both legs.

INVESTIGATIONS.

Urine.—Sp. gravity 1014. Large amount of albumen. No sugar; no blood; no acetone; no casts.

Blood-count.—Red blood-cells 2480, hæmoglobin 50%, colour index 1; white blood-cells 17,000.

Ascheim-Zondek reaction.—Positive with undiluted urine, but negative with dilutions of 1 in 50.

The patient was admitted to hospital the same day and was under observation for five days, during which time she showed swinging temperatures rising 99°–100·6° F., but on one occasion to 103·6° F. Pulse-rate varied from about 120·90.

The diagnosis was by no means easy. The factors of amenorrhœa, activity of the breasts and the positive Zondek-Ascheim test all went to establish that this was a case of pregnancy in some form or other.

The next problem was to determine exactly what form of pregnancy. The shape and size of the swelling and its apparent continuity with the cervix led one to

suppose that this was the uterus itself, and not something outside it. It was obvious that this woman was gravely ill, and had a very severe toxæmia.

The foregoing facts taken in conjunction with the points below did nothing but strengthen one's belief that this was a case of vesicular mole. These points were :

(*a*) Abnormally large uterus considering the period of amenorrhœa.

(*b*) Absence of fœtal movements.

(*c*) Tense feeling on palpation of the apparent uterus.

(*d*) Tenderness of the swelling.

(*e*) Albuminuria.

(*f*) Persistent vomiting.

(*g*) Œdema of the limbs.

(*h*) Marked anæmia.

(*i*) Temperature of 99°–100° at night, except on one occasion.

Unfortunately the absence of bleeding and vesicles, temperature rising as high as 103·6°, the Ascheim-Zondek test being positive only to normal urine and not to dilutions of 1 in 50, could not be reconciled with this tentative diagnosis.

It was soon apparent that no good could come by waiting, and on October 16th, 1934, on account of her marked anæmia, a blood transfusion of 500 c.c. was given.

This was followed two days later by an operation by Dr. Donaldson.

Under general anæsthesia a vaginal examination was made. The cervix was closed; the fornices appeared natural. It was then discovered that the uterus was normal in size, anteverted and anteflexed, not attached to the swelling, and in no way part of it. This fact was confirmed by dilatation and curettage, when the uterine cavity was found to be empty. The patient was then placed in the Trendelenburg position and exploratory laparotomy was performed through a right paramedian incision.

On opening the abdomen a large bluish-grey sac was found to be filling the pelvis. The uterus and left Fallopian tube seemed to be normal and pushed to the left. The right tube could not be seen owing to adhesions. The sac was opened and found to contain a large blood-clot, in which was lying a fœtus of about three and a half months' gestation. The fœtus was removed and the placenta was then found attached to the pelvic floor and rectum, from which it was gently freed as far as possible without damage to the surrounding structures. Bleeding, however, became extremely severe, and it was found necessary to close the sac by means of interlacing sutures from one wall to the other, and to pack with two Waring pads, which were left *in situ*. In addition, the cavity of the sac was drained with a large rubber tube and the abdomen closed. During the operation the patient was given intravenous glucose saline. The patient was immediately returned to Charity Ward and a blood transfusion of 600 c.c. given.

Five days after the operation an anæsthetic was given and the Waring pads were gently withdrawn. No hæmorrhage took place. The large draining-tube was left in position.

The patient continued to run a slight evening temperature, but on the 20th day after the operation a small piece of the placenta was discharged through the sinus, after which the temperature became normal and the sinus healed.

The patient then made an uninterrupted recovery, and was discharged 49 days after the operation, on December 5th, 1934.

DISCUSSION.

It is not proposed to review a large number of previous cases, or dwell upon the comparative rarity of this condition. It is enough to say that there are on record about 100 cases of full-term extra-uterine pregnancy, none of which has been reported from this Hospital. On examination of the statistics here no case of abdominal pregnancy has been reported since 1910. One would like to claim that this was a case of primary abdominal pregnancy, but unfortunately a full examination of the right Fallopian tube was impossible owing to the many adhesions. It is therefore probable that this embryo was forced through the walls of the right Fallopian tube and was yet able to survive.

Since 1910, 203 cases of ectopic gestation have been treated at this Hospital, and it is interesting to note that only one of them—this case—was able to re-establish a blood-supply sufficient to enable the fœtus to go on living for a period of 3½ months. It is surprising to note that during the same number of years only 17 cases of vesicular mole have entered this Hospital. This complication of pregnancy (vesicular mole) is therefore much rarer, as judged by these figures, than the text-books lead one to suppose.

One is struck by the almost uncanny way in which this case mimicked vesicular mole, and this only goes to show what a useful and reliable guide the Ascheim-Zondek test is, for it has been shown in this case that it was possible only under general anæsthesia to establish the diagnosis.

In conclusion I should like to thank Dr. Donaldson for allowing me to publish this case.

E. M. DARMADY.

DERMAPHRODISMS.

WITH a loupe at your eye, for itch acari
Get grubbing around with a pin;
For parasites various are nightly hilarious
And some may get into the skin.

Niger aspergillosis a black question poses
Of devils that dance on the tongue;
You'll find it a pleasure to stick out this treasure
When the snag on some other you've stung.

This maiden demure, whose contours allure,
Has a spot on her lip though no pus;
Just a small papule, but if you're no sap you'll
Make certain her blood is not plus.

And with tact you must act, when faced with the fact
Of those troubles you know can arise,
When women of fashion evince a queer passion
To be birds of unfast para-dyes. H. C.

A NOTE ON THE POST-OPERATIVE RECOVERY OF FRACTURES OF THE PATELLA.

THE total number of cases of fractured patella treated by the Surgical Unit in this Hospital since 1923 is 41 cases. Of these, 17 appear to be authentic cases of fracture by direct violence, and 24 the result of indirect violence. The majority

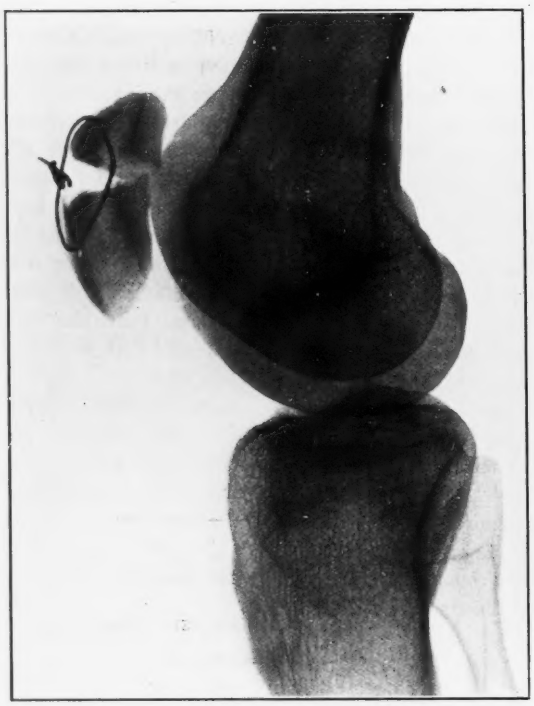


FIG. A.—Case 19, Mrs. F. R—, æt. 33 years. Transverse fracture of patella. December, 1932. Condition one day after wiring.

of the fractures, 30 in number, were simple transverse fractures with varying degrees of separation; 8 were comminuted, 2 were stellate and 1 was "L-shaped". Bilateral fracture (not simultaneous) occurred in 3 out of 13 cases interviewed.

The methods of treatment adopted may be divided into five groups:

(1) Wiring through fragments . . 17 cases.

(2) Fascial graft repair (Hey Groves operation) . . . . . 5 ,,

(3) Circumferential enclosure with silver or phosphor-bronze wire . . 5 ,,

(4) Circumferential enclosure with kangaroo tendon or catgut . . 6 cases.

(5) Non-operative treatment by splintage or immobilization in plaster . 8 ,,

The first four methods of treatment were followed by fixation in plaster or splints for a varying period.

Thirteen cases came up to Hospital during February and March of 1935 (3 to 11 years after operation) and were re-examined. Eight of these were X-rayed.

FIG. B.—Case 19, Mrs. F. R—, æt. 33 years. X-ray photograph taken February, 1935. The "V"-shaped gap shown in the previous picture has been filled by bone, but the fracture lines are still visible.

(1) CASES REPAIRED BY WIRING THROUGH FRAGMENTS.

After fixation of the separated fragments by wiring, the duration of the initial period of disability, from the time of operation until the patients were able to walk without the support of plaster, splints or crutches, averaged *5 weeks*. Of the 10 cases of repair by wiring which were examined, 9 showed an excellent result, with flexion and extension full, no pain, and no disability at all. One case showed full extension, with flexion limited to 115 degrees.

The X-ray plates of these knees showed satisfactory but not perfect bony union. In all cases the line of fracture was still detectable. New bone formation was

fairly profuse, gaps of more than ¼ in. being successfully filled. In some cases new bone was laid down on the anterior surface of the patella so as to bury the wire completely, and tended to be continued above as osseous invasion of the quadriceps tendon.

(2) CASES REPAIRED BY FASCIA LATA GRAFT (HEY GROVES' OPERATION).

The operative procedure adopted in fascial graft repair is briefly as follows: A vertical incision about

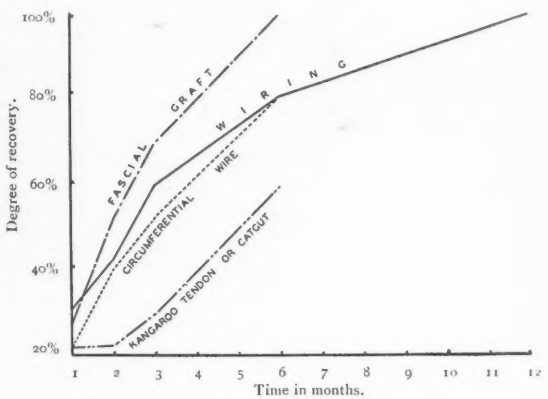
FIG. C.—Case 29, Miss E. G—, æt. 39 years. Transverse fracture of patella repaired by fascial graft (Hey Groves' operation) May, 1928. X-ray photograph taken February, 1935. Bony union is complete. The site of fracture is only detectable by the "stepping" on the articular surface of the patella.

6 in. long is made down the outer side of the thigh, and carried forward across the anterior surface of the patella. Blood-clot and any small detached fragments of bone are removed, and the main fragments adjusted in apposition. A strip of fascia lata, about ½ in. in width, is then freed from above downwards by two longitudinal incisions, leaving its lower attachment intact. The free end of the strip is then passed through the quadriceps immediately above the patella, down its inner side, then outwards deep to the ligamentum patellæ, and finally up the outer side of the knee, where it is firmly sutured to the fascia lata. The patella is thus completely encircled by the fascial strip. The gap in the fascia lata is then obliterated with a few interrupted sutures, and the skin-incision closed.

After repair by fascial graft, the initial period of disability, from operation until unaided walking was possible, averaged 7 *weeks*, *i. e.* 2 weeks longer than that of cases treated by wiring. All the cases showed an excellent recovery, with full movements, no disability at all, and no pain.

X-ray plates of 2 of the 5 cases treated by fascial grafting were obtained. They show very complete bony union, with the fracture line quite invisible.

The end-results, therefore, of operative treatment by either wiring or fascial grafting are equally good; a sound knee is eventually obtained in all cases.



Fractured patellæ. Recovery after operation.

(3) COMPARISON OF RECOVERY RATES.

An attempt was made to determine from the patient's notes the mean rate of post-operative recovery, and the average time necessary for complete recovery of function in the various methods of treatment.

The notes of every case were examined, and the condition at 1 month, 2 months, 3 months, 6 months and 12 months after operation determined, and allotted a symbol, "A" for full recovery (movements full and no pain), "B" for partial recovery (flexion up to 90 degrees, with some disability and pain), and "C" for poor recovery (flexion less than 90 degrees and considerable pain). By assigning an arbitrary numerical value to each symbol, a series of figures was derived indicating the relative stage of recovery at each period. The curves shown were obtained by plotting these figures against time.

It appears from the curves that the rate of recovery after fascial grafting increases rapidly to a full recovery in *6 months*, while the curve of cases treated by wiring shows a falling-off in the recovery-rate after 3 months,

with complete functional restoration attained *12 months* after operation. The curve for circumferential enclosure with wire follows that of wiring through the fragments very closely, while that for repair with kangaroo tendon or catgut shows a considerably slower rate of recovery.

(4) CONCLUSIONS.

(*a*) From an examination of the X-ray plates it appears that bony union is in all cases fairly satisfactorily developed, but is more rapid and more complete after fascial graft repair than after wiring.

(*b*) No functional impairment results from imperfect anatomical apposition of the fragments. "Stepping" of the fragments on the articular surface or lateral displacement of one fragment on the other appear unimportant.

(*c*) Osteo-arthritic changes following fracture and operation are uncommon, but the elapse of time since operation is in most cases rather short to permit dogmatic statement on this point.

(*d*) Complete recovery is attained in an average time of *6 months* after fascial graft repair, and in an average time of *12 months* after treatment by wiring.

(*e*) Repair by wiring is occasionally followed by two complications:

(1) Appearance of a discharging sinus on the front of the knee—2 cases.

(2) Re-fracture consequent on breakage of the wire—5 cases (2 of these occurred before union had been completed, and 3 more than a year after operation).

The newer operation of fascial graft repair thus seems to be an improvement on the older method of wiring, in that it ensures a more rapid full recovery, and freedom from complications.

In conclusion I wish to express my thanks to Mr. J. Paterson Ross, at whose suggestion this note was written, and to Miss Vaughan for the excellent reproductions of the X-ray films. J. B. CUTHBERT.

BRIGHTER SURGERY.

II.

OSTEOCLASIS.

I took my infant daughter, Pearl,
To an orthopede, who begged
To operate upon the girl,
Because she was bow-legged.

A noted barrister-at-law
So movingly did plead,
That I'm far richer than before ——
They made poor Pearl knock-kneed.

A. B.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*	†
Staff	13,102	15	10	(73)	
Demonstrators	1,758	2	0	(70)	
Students	1,011	5	7	(308)	
Old Bart.'s men:					
‡Bedfordshire	30	3	6	(7)	(26)
Berkshire	123	3	0	(16)	(37)
‡Buckinghamshire	82	4	0	(15)	(29)
‡Cambridgeshire	193	16	0	(18)	(42)
‡Cheshire	6	16	6	(3)	(26)
‡Cornwall	32	12	0	(9)	(36)
Cumberland	5	0	0	(1)	(6)
Derbyshire	19	14	0	(4)	(17)
‡Devonshire	574	0	0	(53)	(98)
‡Dorset	52	11	6	(14)	(30)
‡Durham	17	7	0	(4)	(11)
Essex	254	3	6	(20)	(69)
‡Gloucestershire	238	7	6	(27)	(52)
Hampshire	475	7	0	(49)	(134)
‡Herefordshire	17	12	0	(4)	(10)
Hertfordshire	86	13	0	(18)	(73)
Huntingdonshire					(1)
Isle of Wight	186	13	0	(13)	(25)
‡Kent	584	1	0	(71)	(146)
‡Lancashire	96	4	6	(13)	(82)
Leicestershire	136	15	0	(7)	(28)
‡Lincolnshire	60	8	0	(18)	(27)
‡Middlesex	463	5	0	(33)	(63)
‡Norfolk	178	0	6	(21)	(60)
‡Northamptonshire	59	14	6	(6)	(17)
‡Northumberland	101	1	0	(2)	(11)
‡Nottinghamshire	24	3	0	(5)	(28)
‡Oxfordshire	221	5	0	(22)	(26)
Rutland	1	1	0	(1)	(2)
Shropshire	38	1	0	(10)	(22)
‡Somersetshire	1,180	3	0	(28)	(43)
Staffordshire	194	18	0	(6)	(37)
‡Suffolk	324	4	0	(25)	(46)
Surrey	519	14	6	(60)	(180)
Sussex	533	12	0	(60)	(174)
‡Warwickshire	196	1	0	(20)	(64)
Westmorland	2	10	0	(1)	(5)
‡Wiltshire	1010	11	0	(12)	(26)
‡Worcestershire	160	0	6	(25)	(25)
‡Yorkshire	344	18	6	(27)	(101)
Wales	68	11	0	(19)	(150)
London	7,583	16	8	(201)	(971)
Channel Islands	20	0	0	(2)	(9)
Scotland	15	5	0	(5)	
Abroad	119	1	0	(13)	
South Africa	366	15	6	(19)	
Canada	114	3	6	(8)	
East Africa	87	12	0	(10)	
West Africa	146	10	0	(5)	
India	207	12	0	(13)	
Ireland	25	4	0	(4)	
North Africa	1	0	0	(1)	
North Borneo	10	10	0	(1)	
Australia	122	2	0	(6)	
China	52	8	4	(9)	
Siam	10	0	0	(1)	
France	50	0	0	(1)	
British West Indies	55	8	0	(6)	
Straits Settlements	7	1	0	(3)	
New Zealand	6	1	0	(3)	
Services	644	4	6	(46)	
Others	63,642	6	11	(530)	
Lord Mayor's Appeal	17,990	16	0		
Funds of College	8,000	0	0		
Value of Building	20,000	0	0		
	£144,045	**7**	**4**		

* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* WANDERERS.

The Cricket Club began the season on May 1st with the usual first match against the Wanderers, at Winchmore Hill.

The Hospital batted first, but wickets soon began to fall, Johnstone, who shaped well in his initial innings for the Club, being sent back at 16. Harmer, who is a good bat and should score many more runs when he cures himself of rather wild and uppish shots, was unfortunately run out after scoring 21. Miller, in a short stay at the wicket, showed a wide control of powerful strokes. The rest of the side gave the Wanderers' bowlers little trouble, and were all out for the low total—even considering the difficult wicket—of 53. Parker, for the visitors, took 5 wickets.

Wanderers lost an opening bat with the first ball of the match, but went on to pass our total for the loss of only two more wickets. Bart.'s bowlers then, too late, took control and dismissed the rest of the side for a total of 103, so making up a little for the poor batting display. Cochrane took 4 for 26, and Simpson, who bowled a consistently good length, 3 for 16.

M. H. Harmer, run out	21	R. Mundy, b Parker	4
J. S. Johnstone, c Morey, b Muir	6	G. A. Akeroyd, b Parker	1
D. J. A. Brown, c Milton, b McLagan	1	J. G. Berry, st Milton, b Wheelhouse	2
C. E. Miller, c Milton, b Parker	3	J. R. Simpson, not out	2
C. R. Morison, c Ewing, b Wheelhouse	5	J. Craig Cochrane, st Milton, b Wheelhouse	2
C. G. Nicholson, b Parker	1	Extras	5
		Total	53

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	13	5	26	4
Mundy	3	—	13	—
Nicholson	7	2	17	—
Morison	4	—	10	—
Simpson	10	2	16	3
Harmer	5·2	2	9	1

ST. BARTHOLOMEW'S HOSPITAL *v.* U.C.S. OLD BOYS.

U.C.S. batted first on a good wicket. After having one down at 24, Wilson and Williams scored heavily off bowling which, in spite of many changes, lacked fire. 139 was on the board before these two were separated (Wilson 61, Williams 55). Wickets then began to fall steadily, Anderson occasionally bowling a particularly good one, which went through quickly. Five wickets were down when U.C.S. Old Boys declared at 151.

Wheeler and Johnstone opened for the Hospital, but were soon separated. With the exception of Morison, who put up a sturdy defence for his 34, the early Bart.'s batsmen were all too soon back in the Pavilion. When three quick wickets fell at 65 there seemed a possibility of history being repeated—it was in this game last year that the Hospital, one run behind the U.C.S. total with six wickets in hand, lost all six with no addition to the scored!—but Simpson an Cochrane, by batting out the last ten minutes, succeeded in forcing a draw.

Moran for U.C.S. Old Boys took 5 for 37.

J. S. Johnstone, b Wilson	0	R. Mundy, run out	8
F. E. Wheeler, b Taylor	2	G. A. Akeroyd, c ——, b Moran	0
D. J. A. Brown, c and b Moran	10	J. D. Anderson, b Moran	0
M. H. Harmer, b Glanfield	16	J. R. Simpson, not out	0
C. R. Morison, c Mackie, b Moran	34	J. Craig Cochrane, not out	4
W. M. Maidlow, c Williams, b Moran	0	Extras	8
		Total (for 9 wkts.)	82

	Overs.	Mdns.	Runs.	Wkts.
Anderson	10	2	31	2
Mundy	7	3	24	1
Cochrane	12·5	2	26	2
Harmer	6	1	22	—
Simpson	5	1	19	—
Morison	2	—	7	—

ST. BARTHOLOMEW'S HOSPITAL *v.* ROMANY.

This match, played at Winchmore Hill on May 5th against a strong batting side, resulted in a good, though narrow, win for the Hospital.

Harmer, opening for Bart.'s, scored 35 with some hard hitting. Mundy and Maidlow together raised the score quickly, Maidlow scoring 22, and Mundy, by hard, straight driving and powerful pulls, 46. Shortly after lunch the Hospital innings closed at 160.

Two quick wickets fell early in the Romany innings, but then, in spite of bowling changes, the score rapidly mounted, Longton making a very good fifty. With the return of Mundy and Cochrane to the bowling ends after tea—the former was bowling his out-swingers particularly well, and should always give himself more bowling than he does—wickets fell quickly to 8 for 120. Connor, with some big hitting, then gave the bowlers an anxious ten minutes, but when he left the Romany innings soon closed at 147—the Club's first win of the season.

Mundy took 4 wickets for 56 and Cochrane 5 for 42.

M. H. Harmer, b Gordon	35	D. R. S. Howell, b Longton	1
C. M. Dransfield, b Gordon	11	J. G. Berry, st Connor, b Longton	4
C. G. Nicholson, lbw, b. Gordon	4	J. Craig Cochrane, not out	5
C. R. Morison, c Waldron, b Struthers	1	A. W. Little, c Connor, b Gordon	4
R. Mundy, c Longton, b Waldron	46	Extras	22
W. M. Maidlow, lbw, b Muir	22	Total	160
J. T. Harold, b Waldron	5		

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	18	7	42	5
Mundy	17	3	56	4
Nicholson	7	1	21	1
Berry	3	1	14	—
Dransfield	2	—	9	—

ST. BARTHOLOMEW'S HOSPITAL *v.* TIMES MID-WEEK C.C.

Owing to rain and a sodden wicket this match was not begun till after lunch, and then a pitch other than that prepared was used. In spite of these things what cricket there was was enjoyable.

Johnstone and Heyland—who lately scored 73 for the 2nd XI—gave the Hospital a good start of 65 for the first wicket. Johnstone batted well for 48, his shots to the on being particularly hard. Heyland played contained but attractive cricket, with some crisp off-driving. Maidlow followed with a quickly-scored 21, 18 of them in one over. Mundy, batting soundly, was unfortunate in mistiming a full toss and was caught behind the wicket. Simpson and Cochrane added 30 for the last wicket, including a 6 by the latter. The innings closed at 161.

In the Times innings the lack of a good slow bowler on the Hospital side was very apparent, particularly as the faster bowlers had to reduce their pace owing to a dangerous lift in the wicket. Simpson bowled well, maintaining a length and getting some nip off the pitch. He took 3 for 27. Wickets fell steadily throughout the Times innings, which closed at 91, so resulting in a win for the Hospital by 70 runs.

J. S. Johnstone, c ——, b Burton	48	R. Mundy, c Burton, b Carter	20
S. R. Heyland, lbw, b Burton	20	J. Craig Cochrane, not out	15
W. M. Maidlow, b Carter	21	J. G. Berry, b Carter	0
G. A. Akeroyd, b Burton	0	J. R. Simpson, c Searle, b Blanshaw	13
A. W. Little, b Burton	14	Extras	6
J. Wilson, b Carter	0	Total	161
J. J. Slowe, run out	4		

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	8	4	8	1
Mundy	7	1	21	2
Simpson	12	3	27	3
Berry	6	—	23	1

ST. BARTHOLOMEW'S HOSPITAL *v.* HORNSEY.

Played at Winchmore Hill on a very cold afternoon and interrupted by rain, this match was remarkable principally for an excellent knock of 94 not out by S. T. Weaver, of Hornsey. The usefulness of his innings can be judged by the fact that only one other Hornsey batsman reached double figures.

A couple of quick wickets by Cochrane and a third taken by Simpson with an excellent ball, which came across the batsman's pads, put the Hospital in a good position. Mundy, though bowling very fast, was winging away too far to be dangerous. A fourth wicket fell at 45, but Weaver scarcely looked like getting out, and was still batting when the innings was declared closed at 140 for 6. The last two wickets were taken by Harmer, who bowled well.

Wheeler and Johnstone opened soundly for the Hospital, Wheeler continuing on to score an attractive 41. Brown batted stylishly. With the exception of Maidlow, who played many good shots in his 19, the rest of the side fell easy victims to Batson, who bowled very well, so that Bart.'s were lucky to draw the match with the last wicket intact.

The Hospital batting is definitely disappointing, none of the scores so far reflecting the true ability of the players. The fielding, too, needs to be improved.

F. E. Wheeler, b Hills	41	R. Mundy, b Hills	4
J. S. Johnstone, b Perrin	20	C. G. Nicholson, b Batson	9
D. J. A. Brown, c Harger, b Hills	16	J. Craig Cochrane, b Batson	6
M. H. Harmer, b Batson	0	J. R. Simpson, not out	2
C. M. Dransfield, c ——, b Batson	4	J. J. Slowe, not out	2
W. M. Maidlow, b Batson	19	Extras	9
		Total (for 9 wkts.)	130

	Overs.	Mdns.	Runs.	Wkts.
Cochrane	12	2	24	3
Mundy	5	—	17	—
Simpson	7	—	28	1
Nicholson	7	—	13	—
Harmer	9	—	42	2
Dransfield	2	—	10	—

ANNUAL SPORTS.

In perfect weather the Athletic Club held its Fifty-second Meeting on May 11th at Winchmore Hill. Considering the number of students in the Hospital it seems a pity that an athletic meeting should be entirely made up of some forty men and a handful of brave veterans. It is unfair to the competitor, who wishes to break records, that he should be compelled to run three or even four events in an afternoon merely to swell numbers. For instance, it seems a little ridiculous that only three people should run in the 1 Mile.

G. L. Way's performances during the day were the most outstanding. He broke the record for the 120 Yards Hurdles, reducing W. D. Coltart's and J. G. Youngman's time of 17$\frac{1}{5}$ sec. to 16$\frac{7}{10}$ sec. A word of praise must be given to D. Reinold, who even led over the last hurdle, but was beaten on the sprint; he, too, probably ran under 17$\frac{1}{5}$ sec. Strangely enough, Way beat D. B. Fraser in Putting the Weight with only a mediocre putt of under 35 ft. The excellent performance of T. L. Benson in the Long Jump showed everyone how much better he could do with training. He made two excellent jumps, the former of 21 ft. 4 in., the latter of 21 ft. 8 in.—a jump only $\frac{1}{4}$ in. away from the record set up in 1903. G. A. S. Akeroyd also found his form, to jump 21 ft. 5$\frac{1}{2}$ in. It was fortunate that Professor and Mrs. Kettle could witness two really good performances in this event, for which they have kindly presented a cup, which is to be called The Edgar Hartley Kettle Cup. N. P. Shields jumped 10 ft. with ease during the Pole Vault. Rather unfortunately the height was immediately raised to 10 ft. 9 in., the record established by K. W. Martin in 1933. Shields failed to clear this, probably impeded by a strong breeze; he has jumped well over 11 ft. The sprints, 100 yards, 220 yards and 440 yards, were won by G. Herbert, K. A. Butler and J. W. Perrott respectively, in times that were not inspiring; but throughout the afternoon there was a strong breeze blowing across the ground from the pavilion end. The good example of Perrott, who ran in 100 yards, 120 yards handicap, 220 yards, 440 yards and relay needs comment.

In conclusion a word of gratitude must be expressed to all those officials who helped to make the Annual Sports a success—some of whom later wore running shorts to run as veterans in the relay. Mrs. Boyle is also to be thanked for kindly distributing the prizes at the end of the meeting. It was regrettable that the Club Captain, C. M. Dransfield, was compelled to be absent during the active part of the afternoon because of examinations.

RESULTS.

100 Yards: 1, G. Herbert; 2, K. A. Butler; Time, 11 sec.
220 Yards: 1, K. A. Butler; 2, H. A. Pearce. Time, 24 sec.
440 Yards: 1, J. W. Perrott; 2, G. A. Beck. Time, 55$\frac{1}{2}$ sec.
1 Mile: 1, G. T. S. Williams; 2, G. A. Beck. Time, 4 min. 45 sec.
3 Miles: 1, G. A. Beck; 2, A. I. Kinnear. Time, 16 min. 20 sec.
120 Yards Handicap: 1, M. J. Pleydell (6 yds.); 2, R. Mundy (8 yds.). Time, 12$\frac{2}{5}$ sec.
880 Yards Handicap: 1, H. Bevan Jones (10 yds.); 2, E. H. Smyth (40 yds.). Time, 2 min. 6$\frac{7}{10}$ sec.
120 Yards Hurdles: 1, G. L. Way; 2, D. Reinold. Time, 16$\frac{7}{10}$ sec. (record).
High Jump: 1, J. Smart; 2, G. L. Way. Height, 5 ft. 6 in.
Long Jump: 1, T. L. Benson; 2, G. A. S. Akeroyd. Length, 21 ft. 8 in.
Putting the Weight: 1, G. L. Way; 2, D. B. Fraser. Length, 34 ft. 9 in.
Throwing the Discus: 1, D. B. Fraser; 2, G. L. Way. Length, 104 ft. 10 in.
Throwing the Javelin: 1, D. B. Fraser; 2, G. Dalley. Length, 132 ft. 8 in.
Pole Vault: 1, N. P. Shields; 2, T. L. Benson. Height, 10 ft.
Inter-Club Relay: 1, Rugger "B" XV; 2, Rugger "A" XV.
"Houseman's 100": 1, S. J. Hadfield; 2, J. R. Kingdon. Time, 11$\frac{1}{2}$ sec.

LAWN TENNIS CLUB.

The season opened as usual with the trial matches, which were held at Winchmore Hill on Wednesday, May 1st. These went off quite satisfactorily, and although no outstanding talent was disclosed, some quite useful players were discovered.

The general standard of play, both in the 1st and 2nd VI's is higher this year than it has been for some years; this is particularly true of the 2nd VI, who should have a very successful season. The mainstay of the 1st VI are K. A. Latter and E. Corsi, who are an extremely good pair, and we hope that they will be able to turn out regularly. We are also lucky in having the services of B. Thorne-Thorne for yet another year.

Up to the time of writing the 1st VI have played 4 matches and won 3, victories being recorded over Westside Club, Queen's Club and Balliol College, Oxford. Unfortunately we lost to Melbury Club after a very enjoyable game. The 2nd VI have played 3 matches and have won 2. Many matches have had to be scratched owing to the unusual May weather.

RESULTS.

1st VI.

v. Queen's Club, played at Queen's on Saturday, May 4th; won by 5—4. K. A. Latter and E. Corsi beat 1st pair 4—6, 6—4, 6—4; beat 2nd pair 4—6, 7—5, 6—3; beat 3rd pair 6—1, 6—1.
B. Thorne-Thorne and W. K. Frewen lost to 1st pair 4—6, 2—6; beat 2nd pair 7—5, 3—6, 6—4; beat 3rd pair 7—5, 0—6, 9—7.
P. J. Hardie and R. C. Witt lost to 1st pair 6—4, 1—6, 0—6; lost to 2nd pair 2—6, 2—6; lost to 3rd pair 2—6, 7—5, 2—6.

v. Balliol College, Oxford, at Oxford on Saturday, May 18th; won by 5 matches to 4.
W. K. Frewen and P. J. Hardie lost to 1st pair 5—7, 4—6; beat 2nd pair 6—1, 7—5; beat 3rd pair 6—3, 6—2.
R. C. Witt and J. W. B. Waring lost to 1st pair 3—6, 5—7; beat 2nd pair 2—6, 6—3, 8—6; beat 3rd pair 6—2, 6—4.
B. A. Alexander and R. T. Gabb lost to 1st pair 2—6, 3—6; lost to 2nd pair 4—6, 3—6; beat 3rd pair 6—2, 6—3.

2nd VI.

v. King's College Hospital, played on Saturday, May 4th; won by 7 matches to 2.

v. Royal Naval College, Greenwich, on Saturday, May 18th; won by 8 matches to 1.

CORRESPONDENCE.

CAMBRIDGE GRADUATES' MEDICAL CLUB.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR MR. EDITOR,—I have been asked by the Council of the Cambridge Graduates' Medical Club to write to the editors of all the hospital journals and ask them, either to publish this letter, or perhaps to write an editorial about the Club in order to bring it to the notice of Cambridge graduates.

The Club was founded in 1883. The first President was Sir George Burrows. The object of the Club is to further the interests of the Medical and Natural Science Schools of the University of Cambridge, and to promote good-fellowship amongst its graduates, and to afford an opportunity to its members of meeting and keeping in touch with men of their own and other years. The Club is essentially of a social character and now numbers nearly seven hundred members, and holds an annual dinner in London and Cambridge alternately.

The fee for life membership is one guinea. This may be sent to either of the Hon. Secretaries, F. G. Chandler, 1, Park Square West, N.W. 1, or W. D. Doherty, 10, Upper Wimpole Street, W. 1.

Although the Club has tried circularizing Cambridge graduates, the response has always been very small. Years later Cambridge men often say they have never heard of the Club. The dinners at Cambridge are peculiarly enjoyable and delightful. They are held on a Friday, so that men can, if they like, stay the night and return on the Saturday.

It is thought that if the editors of all the hospital journals would bring the Club to the notice, especially, of the younger medical graduates, a number would like to join.

F. G. CHANDLER,
Senior Hon. Secretary,
May 22nd, 1935. *Cambridge Graduates' Medical Club.*

REVIEWS.

SHERLOCK HOLMES AND DR. WATSON: A MEDICAL DIGRESSION. By MAURICE CAMPBELL, M.D. (Ash & Co., Ltd.) Pp. 56. Price 1s.

Those who heard Dr. Campbell's fascinating address to the Abernethian Society will require no introduction to the recently published elaboration of his paper. Many scholarly studies have of late been written regarding the details of the lives of these two great men, but Dr. Campbell's "medical digression" is bound to be of particular interest to readers of this journal, for did not Holmes himself at one time work in the labs. at St. Bartholomew's, and was not Watson also a Bart.'s man? Indeed, Dr. Campbell deduces that Watson might have been resident obstetrician under the great Matthews Duncan. In a critical survey of Dr. Watson's knowledge of medicine we are presented with many of his careful descriptions of the appearance and build of a number of characters representing constitutional types prone to particular diseases, while many "facies" which are familiar to us among the out-patients are carefully recorded. Watson's description (in *The Gloria Scott*) of Trevor's symptoms before his death is such that Dr. Campbell remarks that "one can make a diagnosis of the actual artery which ruptured and produced the fatal cerebral hæmorrhage; almost certainly Watson must have witnessed such a case, because the description is more detailed than would be found in most shorter medical text-books". Watson's description of Jefferson Hope's aneurysm with its "extraordinary throbbing and commotion inside" is very dramatic, and, as Dr. Campbell says, "it is doubtful whether the works of any other novelist contain descriptions of extra-systoles, of œdema due to fibrillation, of angina pectoris, of aneurysm, of rheumatic valvular disease and of ventricular failure with orthopnœa with such careful adherence to medical probabilities". Watson was human enough to make mistakes. He was deceived when Holmes pretended to have an epileptic fit, and he once recommended strychnine in large doses as a sedative. The latter, however, Dr. Campbell attributes merely to the confusion into which he had been thrown by falling in love with Miss Morstan! He records also that although there are least ten occasions when a sufferer was revived from a faint by brandy, yet on the two occasions when his fiancée fainted he only offered her water, and that these were the only times when water was used instead of brandy. Diseases of the chest, nervous diseases, tropical diseases, chemistry, anatomy and pharmacology all come into this survey, as do some more personal concerns of Dr. Watson and the identity of No. 221B, Baker Street. Copies of the pamphlet are obtainable from the Publishers, or from the Appeal Office, Guy's Hospital.

TEXT-BOOK OF BIOLOGY. By E. R. SPRATT, D.Sc., F.L.S., F.I.H., A.K.C., and A. V. SPRATT, M.Sc., F.I.H., A.K.C. (London: University Tutorial Press, 1935.) Pp. viii + 646. Price 9s. 6d.

This new text-book has been written at a time when the importance of a general knowledge of biological facts is being increasingly recognized. Thus the number of students making a serious study of the subject is constantly enlarging, and it is for all such that this volume is primarily intended. The authors have made an attempt to cover as far as possible the subjects included in the various syllabuses for science students as well as in those for students of medicine. The idea of a single text-book suitable for various types of students is attractive; but, in our opinion, it is quite impossible to deal adequately with such varying requirements within the limits of a medium-sized volume. Indeed, we feel in consequence that this book cannot hope to replace works already published which have been specially planned for some particular group of students.

Few text-books have so far been published which deal, as this does, with both the botanical and zoological side of biology, and there is indeed a very large amount of information contained in this volume. We regard the botanical chapters as more satisfactory than the zoological, and while we can pick out statements with which we disagree, there is evidence that the authors write with a very wide experience of teaching. The chapters dealing with plant physiology and with ecology may be specially commended.

The book is provided with an unusual number of illustrations, which is a great merit in a work of this kind. With a few exceptions they are good, and some are quite excellent. The volume is well produced and bound; both print and paper are thoroughly satisfactory, and the price must be regarded as most reasonable.

MANUAL OF SURGICAL ANATOMY. By BEESLY and JOHNSTON. Revised by JOHN BRUCE and ROBERT WALMSLEY. Fourth edition, 1935. (London: Humphrey Milford, Oxford University Press.) Price 21s.

The Edinburgh school is again to be congratulated on the publication of this revised edition, and many will note with gratitude the association of Dr. E. B. Jamieson with the work—especially those to whom, in their second year, his little blue-book became such a treasure. Prominent among the changes is the omission of those procedures of operative surgery which, though many years obsolete, continue to haunt the academic minds of teacher and examiner alike. The volume deals instead, in an intensely practical manner, with modern surgery of proved worth. Many chapters have been rewritten, and familiar figures from Cunningham's text-books have replaced some of the original drawings. The text, embodying old terminology and the B.N.A., is extremely well balanced, and is unique in including details of many minor operative procedures, in concise and clear form. The section dealing with the hip-joint is typical of the excellence of this work, though the description of tuberculous disease under the three classical stages, based solely on deformity, might have been omitted; it has, however, served as a model on which the spinal compensatory mechanisms have been explained. The book is in a class by itself, and would better be described as a manual of anatomical surgery. It has a remarkable freshness about it, but the reader who is in any way a purist will be repeatedly irritated by errors of printing; it seems a pity that careless proof-reading should have been allowed to mar this magnificent manual.

D. F. E. N.

EXAMINATIONS, ETC.

University of Oxford.

The following degree has been conferred:
D.M.— Savage, J. de la M.

University of Cambridge.

The following degree has been conferred:
M.B., B.Chir.—Blair, A. T.

Royal College of Physicians.

The following have been elected **Fellows:**

Andrewes, C. H., Dalrymple-Champneys, Sir Weldon, Bart., Maxwell, J., Simpson, R. H.

The following have been admitted **Members:**

Caplan, A., Nicholson, B. C., Scowen, E. F.

Conjoint Examination Board, April, 1935.

The following students have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.**, and have had the Diplomas conferred on them:

Adel, M. P., Atkinson, E. C., Bacon, L. J., Bangay, E. B. D., Baynes, T. L. S., Clements, P. E. G., Cohen, S., Cookson, J. S., Croft, F. F., Curtiss, L. M., Drake, E. P. H., Dunn, G. W. N., Evans, E. H., Evans, W. E. F., Force Jones, R. J., Frost, L. D. B., Gabb, R. T., Gordon, C. J., Hopkins, J. J. V., Hugh, H. M., Levine, D., Nel, J. G., Paget, W. O. G., Paterson, J. F., Patterson, J. H., Rigby, E. P., Taylor, G. R., Ward, F. G., Warren, W.

CHANGES OF ADDRESS.

BURKE, Lt.-Col. G. T., I.M.S., c/o Medical Council of India, Simla and Delhi.

RADCLIFFE, F., 102, Rockingham Road, Kettering, Northants. (Tel. Kettering 880.)

STRUGNELL, Surg.-Cmdr. L. F., R.N., H.M.S. "Barham", Home Fleet, c/o G.P.O.

TOWNSEND, Lt.-Col. R. S., I.M.S., c/o Grindlay & Co., 54, Parliament Street, S.W. 1.

TURNER, G. Grey, Huntercombe Manor, near Taplow, Bucks.

WESTWOOD, M., 25, Dollar Street, Cirencester, Glos. (Tel. 137.)

APPOINTMENT.

BURKE, Lt.-Col. G. T., I.M.S., appointed Secretary to the Medical Council of India.

BIRTHS.

EVANS.—On May 12th, 1935, at 20, Devonshire Place, to Muriel Gordon Evans, M.D., F.R.C.S.E., wife of E. Stanley Evans, F.R.C.S., of Heatherwood, Ascot, Berks—a son.

HODGKINSON.—On May 5th, 1935, at Highfield Corner, Lymington, Hants, to Mary Stuart (Molly) (*née* Knox), wife of Dr. H. Ll. Hodgkinson—a son (Richard).

MCMICHAEL.—On May 19th, 1935, at The Croft, Vowchurch, Herefordshire, to Muriel, wife of Dr. G. B. McMichael—a son.

MORGAN.—On May 16th, 1935, at Newlands, North Parade, Horsham, to Joan (*née* Kemp), wife of Dr. G. S. Morgan—a daughter.

STEPHENS.—On April 30th, 1935, to Kathleen Patricia (*née* Frederick), wife of Dr. Deri Stephens, of 9, Ferguson Avenue, Gidea Park, Essex—a daughter.

MARRIAGES.

BAMFORD—LEEMING.—On April 25th, 1935, at St. James's, Cheltenham, by the Ven. Archdeacon Cameron and the Rev. A. O. Lukyn Williams, Dr. J. Brian Bamford, of Ely, son of Lieut.-Colonel and Mrs. Bamford, of Ightham, Kent, to Eileen Mary, daughter of Dr. and Mrs. Leeming, Rayrigg, Cheltenham.

BERRY—INGRAM.—On Saturday, May 4th, 1935, at the Parish Church, Wimbledon, by the Rev. C. I. Peacocke, M.A., Sir James Berry, F.R.C.S., of Wendover, to Mabel Marian, daughter of the late T. Lewis Ingram and Mrs. Ingram, of The Priory, Wimbledon Common.

SPAIGHT—ALLSOP.—On May 16th, 1935, at St. Nicholas's, Kings' Lynn, by the Rev. Arthur Perryman, Patrick Q. M. Spaight, youngest son of the late Dr. H. W. Spaight and of Mrs. Spaight, Penpoll, Cornwall, to Mary, only child of the late Thomas Allsop and Mrs. Allsop, North Wootton, Norfolk.

VARTAN—MITCHELL.—On May 4th, 1935, at the Priory Church of St. Bartholomew the Great, London, by Canon E. S. Savage, M.A., Charles Keith, second son of Dr. and Mrs. C. S. Vartan, Sandiacre, Notts, to Marjorie Nora, daughter of Mr. and Mrs. Mitchell, Hove.

WESTWOOD—EVANS.—On April 23rd, 1935, at Llandaff Cathedral, Matthew Westwood, M.B., M.R.C.P., of Wolverhampton, to Margaretta Powell Evans, of Abertridwr.

SILVER WEDDING.

FAWKES—FUNNELL.—On Saturday, June 11th, 1910, at St. Olave's, Finsbury Park, London, by the Rev. Wynn Healey, M.A., Marmaduke Fawkes, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., of Midhurst, Sussex, eldest son of Mr. and Mrs. F. Attfield Fawkes, of Hillside, Felixstowe, to Linda, elder daughter of Mr. and Mrs. Edward Funnell, formerly of Audisque, St. Etienne-au-Mont, France.

DEATHS.

BARNES.—On May 12th, 1935, at Weymouth, George Frederick Barnes, M.D.(Lond.), aged 76.

BRITTAIN.—On May 18th, 1935, Percy Morgan Brittain, L.S.A., L.M.S.S.A., of Highfield, Hatfield, Herts.

ROSE.—On May 30th, 1935, in a London nursing home, Frank Atcherley Rose, F.R.C.S., late of 68, Wimpole Street, W. 1.

WHARRY.—On April 27th, 1935, at Whitstone Head, Holsworthy, N. Devon, Robert Wharry, M.D., aged 81.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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